## Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (m).

	accompanied by forms CRO	3-3100 and CF	RO-3300 (when ame	nuing, on	ny re-sublint ii	applicable).
1. Committee Info	rmation			7		
a. Full Name					c. ID Numbe	er
Committee	To Elect JASO	on Jones	\$			
	clude City, State and Zip Code)				d. Date Orga	anized
1745 Asl	hura Rd	Acceptance of the control of the con		59	9-04	
· ·					e. Phone Nur	mhar
Cove City Nc 28523						nder
1					252	41.41.
2. Candidate Infor	mation	at the latest to the		Candid	late's Primary Co	5656
a. Full Name	Illauvii		e. Candidate ID Numb		f. Party Affili	
a. Fun Name			e. Canquate ID Itum.	er		
-			1		Deno	ten
JASON RUAN JONES			1			-partisan if applicable)
JAJON RYAN JONES  b. Mailing Address (include City, State, and Zip Code)			g. Office Sought			
1745 Aslowy Rd		Craver Counts	y com	nmi 3510 ner	A	
	NC 28233			•		
c . Phone Number	3 77 9 4 3 3		h. Next Election Year		i. Jurisdiction	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
252	255 ones @ emba	rgnail.	2014		District	^
672 2626		. com	2014	1		
Email copy of n		,			Craves C	ountry
3. Treasurer Inform	mation		4. Custodian of Bo	ooks Info		
a. Full Name		7.	a. Full Name			
	1 .			1		
Holly Nico	le Wetherington		Hally Nico	الم الماء	the sinator	.1
Mailing Address (incl	le Wetherington lude City, State, and Zip Code)	A	Holly Nicole Wetherington  b. Mailing Address (include City, State, and Zip Code)			
	Hwy 55 West	,	5030 NC			iT
	1 NC 98233	,	Cove City	NC.	28233	
10.17	d. Email Address		c. Phone Number	d. Email A		
		S = 2 1 1	252	C. Eman :	idaress	
000	holly wether in stone	ognar.		nongo	wetherhyton	@gmail.
<u>229-6229</u>	" 1 1 V	Com	229-6552			Con
I prefer to receive		processor	Email copy of			
5. Assistant Treasur	rer Information		6. Account Inform		(incl. CRO-3500)	Add
a. Full Name	<u>L</u>	Remove	a. Financial Institution	Full Name	ē	Remove
			Wells Farg	o Bow	.K	
o. Mailing Address (incl	lude City, State, and Zip Code)		b. Purpose			
		+	TO DAY CA	MANA	1 exposs	ws and
		J				
		<i>,</i>	deposit contributions			
. Phone Number	d. Email Address	3	c. Account Code	d. Type		
		<del></del> ,				
	1	. ,	l!	ĺ		
☐ Email copy of	notices	n 2	221	Chec	Kila	
CERTIFICATION				0.,0	1400	
	ommittee or Fund is in com	nnliance with a	all applicable provisi	ons of Ar	ticle 22A, 22B	& 22D-22M of
Chanter 163 of the	NC General Statutes and t	that no funds a	re commingled with	prohibite	d or other non-	displaced funds
I further certify tha	at this report is complete, tr	rue and correct	re commingica	promone	d or other non-	Ilsclosed runds.
Truring commy	t tills report is complete,	ue and correct.	•			
11-11. 11.	ole Wetherivator	· Mooning	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		nala	olaniz
Printed	Name of Signer		nature of Appointed Treas	1	<u> </u>	2/40/2
• 11111100	Name of Signer	O Sign	lature of Appointed Treas	surer	•	Date

	Report Co				-	Amendment  Yes No
Use this form for Do not use this fo			information, r	nust be signed and si	abmitted along	g with other detailed forms.
1. Committee In	the same of the sa	MOITHAUOH.	8.7			
a. Full Name	Wi matron			A Property of the Property of		c. ID Number
Committee	To Elec	+ JASON	Jowes			
b. Mailing Address (	(include City, Stat	te and Zip Code)				d. Date Filed
1745 Asb						9-04-2013
Cove City N	75 3825	<b>3</b> 3		RECEIVED SI	EP 0 4 2013	e. Phone Number 252-472-5454
2. Report Year 3	Reriod Start	t Date (mm/dd/	4. Period I	End Date (mm/dd/yy)		
2013	09/03		1)	Shu Date (		icole Wetherwatow
6. Type of Comm	nittee (Check C		Type of Rep	ort (check only one		rt from one category)
Candidate Camp	oaign 🔲 Part	rty N	Municipal	State/County	]1	Referendum
PAC	_	ferendum	Organizationa		1	Organizational
Independent Exp		nt Fundraiser	Thirty-five da	·  _ ` ·		Pre-referendum
Legal Expense Fu	Legal Expense Fund		Pre-primary	First	1:	Final
- m of Fund	/*Cdicable	Lawal 3%	Pre-election	Seco		Supplemental Final
7. Type of Fund  Booster Fund	(if applicable,	check one;	Pre-runoff Semi-annual	Thir		Annual Special
Booster Fund Building Fund		lr.	Semi-annual  Mid Year	г Semi-ann		Special
Bunuing 1 unc		li	Mid Year Year End		_	10. Special Report Name
Other:		lī	Final		Year D	10. Special Acport mana
8. Number of Fu	ndraisers this	Report	Special	Final	Eliu	
<b>0.</b> 2		Day of the second	_ ~ r - · · ·	Special	1	
4				- Docciai		
11. Account Info	-mation				-otion	
11. Account Infor a. Financial Institution				11. Account Informa. Financial Institution		To PER A STATE OF THE STATE OF
	on Full Name			11. Account Inform		
a. Financial Institution Wells Fara b. Purpose	on Full Name 30 Bank	c. Account Code		11. Account Inform	Full Name	c. Account Code
a. Financial Institution Wells Fara b. Purpose	on Full Name 30 Bank	c. Account Code		11. Account Informa. Financial Institution	Full Name	:. Account Code
a. Financial Institution Wells Faro b. Purpose To pay car expenses ar	on Full Name 30 BANK Mpalen wd	c. Account Code  d. Period Begin	Balance	11. Account Informa. Financial Institution	Full Name	c. Account Code
a. Financial Institution Wells Farm b. Purpose To pay car expenses as deposit cons	on Full Name  30 BANK  Apaign  wd  Atributions	c. Account Code	Balance	11. Account Informa. Financial Institution	Full Name	
a. Financial Institution Wells Faro b. Purpose To pay Car expenses as deposit con CERTIFICATIO	on Full Name  30 BANK  Apalyu  Nd  Atributions  DN	d. Period Begin	Balance	11. Account Information a. Financial Institution b. Purpose	Full Name	1. Period Begin Balance
a. Financial Institution Wells Faro b. Purpose To pay Car expenses as deposit con CERTIFICATIO I certify that the C of the NC General	on Full Name  So BANK  Moderations  Aributions  ON  Committee or Furl Statutes and that	d. Period Begin \$ \$ DO . 0 0	Balance  nce with all applionmingled with	11. Account Informa. Financial Institution b. Purpose icable provisions of Ar	Full Name  c d d ticle 22A, 22B n-disclosed fun	1. Period Begin Balance
a. Financial Institution Wells Faro b. Purpose To pay Car expenses and deposit con CERTIFICATIO I certify that the C of the NC General report is complete, Holly Nice Prin	on Full Name  30 Bank  Manager  Manager	d. Period Begin  \$ 00.000  at no funds are contained that I have	Balance  ace with all applications on the been trained by	11. Account Informa. Financial Institution  b. Purpose  icable provisions of Arroprohibited or other no	ticle 22A, 22B n-disclosed fun Elections.	1. Period Begin Balance \$ & 22D-22M of Chapter 163
a. Financial Institution Wells Fara b. Purpose To pay Car expenses and deposit con CERTIFICATIO I certify that the Cof the NC General report is complete, Holly Nice	on Full Name  30 Bank  Manager  Manager	d. Period Begin  \$ 00.000  at no funds are contained that I have	Balance  ace with all applications on the been trained by	a. Financial Institution b. Purpose  icable provisions of Ar prohibited or other no the NC State Board of	ticle 22A, 22B n-disclosed functions.	## A 22D-22M of Chapter 163 and and a 164 and a 165 and
a. Financial Institution Wells Faro b. Purpose To pay Car expenses and deposit con CERTIFICATIO I certify that the C of the NC General report is complete, Holly Nice Prin	mparty Spank  mp	d. Period Begin  \$ 00.000  at no funds are contained that I have	Balance  ace with all applications on the been trained by	a. Financial Institution b. Purpose  icable provisions of Ar prohibited or other no the NC State Board of	ticle 22A, 22B n-disclosed functions.	4. Period Begin Balance  \$ & 22D-22M of Chapter 163 ads. I further certify that this    OO   OS   OS     Date   Output   Os     Date   Os   Os     Output   Os
a. Financial Institution  Wells Fare b. Purpose  To pay Car  expuses as  deposit cons  CERTIFICATIO  I certify that the Co of the NC General report is complete,  Holly Nice  Prin  FOR OFFICE US	mparisus  Mparisus  Mparisus  Mparisus  Mparisus  Mparisus  Maribus  Maribu	d. Period Begin  \$ 00.000  at no funds are contained that I have	Balance  The with all applications application of the second seco	a. Financial Institution  b. Purpose  icable provisions of Ar prohibited or other no the NC State Board of Colombia and the Appointed Treasure of Appointed Treasure of Experimental Appointed	ticle 22A, 22B n-disclosed functions.	## A segion Balance  ## A segi
a. Financial Institution  Wells Fare b. Purpose  To pay Car expenses and deposit Constitution  CERTIFICATIO  I certify that the Confine NC General report is complete,  Holly Nice  Printer FOR OFFICE US  Date Received	on Full Name  30 Brank  Aparts  Aparts	d. Period Begin  \$ 00.000  at no funds are contained that I have	Balance  ace with all applications of the been trained by Sign	a. Financial Institution  b. Purpose  icable provisions of Ar prohibited or other no the NC State Board of Color of Appointed Treas  ree:	ticle 22A, 22B n-disclosed functions.	& 22D-22M of Chapter 163 ds. I further certify that this  Old Date  Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution Wells Fare b. Purpose To pay Car expenses and deposit Cons CERTIFICATIO I certify that the Cof the NC General report is complete, Holly Nice Prin FOR OFFICE US Date Received Date Postmark Date Scanned: Date Data Ente	mparty Services on Full Name  To Brank  Montributions  ON  Committee or Furn  I Statutes and that  the true and correct  ole Wetner  inted Name of Signa  SE ONLY  d:  ked:	d. Period Begin \$ \$ DO . O O  and is in compliant at no funds are cut and that I have	Balance  The with all application of the been trained by Sign  Employ  Employ  Employ  Employ	a. Financial Institution  b. Purpose  icable provisions of Arr prohibited or other no the NC State Board of  auture of Appointed Treas  ree:  ree:	ticle 22A, 22B n-disclosed fund Elections.	## A segion Balance  ## A segi

Amendment

## Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number	. Va. 1
Committee To Elect JASON JONES	Drgan	izational		
Start of Election Cycle: January 1,	_	Total this Reporting Perio	Total this d Election Cycle	e
4) Cash on Hand at Start 9-03-13		\$ 0.00	\$ 0,00	)
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	SECEIVED.	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ SEF	04
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ SECEIVED SEF	2013
9) Loan Proceeds	(CRO-1410)	\$ 800.00	\$ 800.0	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources	en e			,
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 800.00	\$ 80000	_
EXPENDITURES				
13) Disbursements	ere terre di l'il del consensi de la del del del del consensi del			
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ O	\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 800.00	\$ 80000	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	And the second of the second o	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Use this form to report proceeds from a le						
A loan proceeds statement must accompa  1. Committee Full Name (and Fund if a	at is from an indiv	/iduai	2. ID Numb	ner .		
<u> </u>						
Committee To Elect JASON Jo		Nes		RECEI	RECEIVED SEP 0 4 2013	
3. Lender Information		Add			Remove	
a. Full Name, Mailing Address & Phone		b. Job Title/Profession			d. Comments	
(include city, state, & zip)					Candidate loaned money	
JASON RYAN JONES		Farmer			e. Start Date (mm/dd/yyyy)	
1745 Asbury Rd		c. Employer's Nam			e. Start Date (mm/dd/yyyy)	
JASON RYAN JONES 1745 ASBURY Rd Cove City NC 285 23		or Employer of value	or Special Freid		9-03-13	
					f. End Date (mm/dd/yyyy)	
		5 10		1		
	<del></del>		employe			
g. Rate h. Security Pledged	1.	Account Code j. Form of Payment		ment Personal)	k. Amount	
(C) %		77 1	Transfer		\$ 800.00	
I. Full Name of Lending Institution			11111314		Number	
		•				
	e who guarantee the					
a. Full Name, Mailing Address & Phone		b. Job Title/Prof	fession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip)						
		d. Percentage		e. Amou	e. Amount	
			9	% \$		
a. Full Name, Mailing Address & Phone		b. Job Title/Prof	fession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip)						
*		d. Percentage		e. Amou	nt	
			0	, 6		
				6 \$		
a. Full Name, Mailing Address & Phone		b. Job Title/Prof	fession	c. Emplo	yer's Name/Specific Field	
(include city, state, & zip)		_				
		d. Percentage		e. Amou	nt	
			9	6 S		
o Full Name Mailing Adduses 9. Dhone		h Joh Tido/Duck	Panian	- FI		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Prof	ession	c. Empio	yer's Name/Specific Field	
(						
		d Parasita				
		d. Percentage		e. Amou	e. Amount	
		%		6 \$	\$	
5. Total of ALL CRO-1410 Page	S				- 2	
(This line must be on line 0 of Detailed Summer				\$	200'00	

**Loan Proceeds** 

Amendment

Yes No



State Board of Elections 441 N Harrington Street Raleigh, NC 27603

RECEIVED SEP 0 4 2013

Kimberly Strach Deputy Director - Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

•	Name of committee to receive loan: Committee To Elect Jason Jones
•	Person or committee to make loan: JASON RyAN JONES CANDIDATE
•	Date of loan to committee: 9-b3-13
•	Name of lending institution and account number (source):
	J/a
•	Amount of loan: 🛂 ໂປປ. 🔭
•	Description (if in-kind loan): $\frac{N/A}{}$
•	Names of all parties responsible for payment of loan (guarantors):
	1/A
•	Period of loan: As long as needed by Committee
•	Rate of interest of loan: 0 ?
•	Security pledged for loan: 1/A
I, _	ປັກວ ທະ Ry ກາງວາກວາກວາກວາກວາກວາກວາກວາກວາກວາກວາກວາກວາກວ
DIO	ovided is complete, true, and accurate. I further understand I may not forgive a loan
	t has an outstanding balance to any source.
	t has an outstanding balance to any source.
tha	t has an outstanding balance to any source.  9-03-13  pature of Lender  Date Signed
tha	t has an outstanding balance to any source.  9-03-13  pature of Lender  Date Signed
Sig	thas an outstanding balance to any source.  9-03-13  pature of Lender  Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

CRO-6100

Loan Proceeds Statement

March 2013